

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13963

State File No.

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4225 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oregon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Forbes Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>South East Of Oregon, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>Huiatt</u> c. (Last) <u>Huiatt</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 24 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 9 1873</u>
9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months Days	11. UNDER 10 YRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Oregon, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley Huiatt</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Ashworth</u>	
14. NAME OF HUSBAND OR WIFE <u>Bell Cross</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Sipes</u>		ADDRESS <u>Oregon Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PYLORIC STENOSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 15, 1952</u> , to <u>APR. 24, 1953</u> , that I last saw the deceased alive on <u>APR 24, 1953</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. H. E. Collier</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Oregon Mo.</u>	
23c. DATE SIGNED <u>4-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		24d. LOCATION (City, town, or county) (State) <u>Holt, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-28-53</u>		REGISTRAR'S SIGNATURE <u>James H. Claiborne</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>		ADDRESS <u>Oregon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

James H. Pettigah

Licensed Embalmer No. *3192*

P. O. Address *Oregon Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.